

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY BUILDING DEPARTMENT Permitting and Inspection Center

11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2100

PERMIT APPLICATION

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE

LOCATION OF IMPROVEMENTS	Job Address _____			CONTRACTOR INFORMATION	Contractor No. _____			
	Folio _____				Qualifier S.S. _____			
	Lot _____ Block _____				Contractor Name _____			
	Subdivision _____ PBpg _____				Qualifier Name _____			
	Metes and bounds _____				Address _____			
TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land				Current use of property _____			
	<input type="checkbox"/> Alteration Interior				Description of Work _____			
	<input type="checkbox"/> Alteration Exterior				Sq. Ft. _____ Unit _____ Floors _____			
	<input type="checkbox"/> Relocation of Structure				Value of Work _____			
	<input type="checkbox"/> Tent							
	<input type="checkbox"/> New Roof							
	<input type="checkbox"/> Recovery (Roof)							
	<input type="checkbox"/> Enclosure							
<input type="checkbox"/> Repair								
<input type="checkbox"/> Repair Due to Fire								
<input type="checkbox"/> Demolish								
<input type="checkbox"/> Shell Only								
<input type="checkbox"/> Addition Attached								
<input type="checkbox"/> Addition Detached								
<input type="checkbox"/> Re-Roof								
PERMIT TYPE	<input type="checkbox"/> Building Category* _____		CHANGE TO AN EXISTING PERMIT	<input type="checkbox"/> Chg. Contractor		OWNER'S NAME	Owner _____	
	<input type="checkbox"/> Electrical			<input type="checkbox"/> Re-Issue			Address _____	
	<input type="checkbox"/> Mechanical			<input type="checkbox"/> Extension			City _____ State _____ Zip _____	
	<input type="checkbox"/> Plumbing			<input type="checkbox"/> Supplement			Phone _____	
	<input type="checkbox"/> LPGX			<input type="checkbox"/> Reinspection			Social Security _____ - _____ - _____	
PERSON TO PICK UP PLANS	Name _____				ARCHITECT ENGINEER	Name _____		
	Address _____					Address _____		
	City _____ State _____ Zip _____					City _____ State _____ Zip _____		
	Phone _____					Phone _____		
BONDING	Name _____				MORTGAGE LENDER	Name _____		
	Address _____					Address _____		
	City _____ State _____ Zip _____					City _____ State _____ Zip _____		
	Phone _____					Phone _____		

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS POOLS, MECHANICAL, WINDOW and ROOFING WORK** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT: I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Agent _____

PRINT NAME _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20____,

by _____

(SEAL) _____

Personally known _____

or Produced Identification _____

Signature of Qualifier _____

PRINT NAME _____

Sworn to and subscribed before me this _____

day of _____, 20____,

by _____

(SEAL) _____

Personally known _____

or Produced Identification _____

BUILDING PERMIT CATEGORIES

CATEGORY

DESCRIPTION

01	GENERAL BUILDING—COMMERCIAL
02	SUB—GENERAL BUILDING—RESIDENTIAL
08	CANVAS AWNING
10	COMMUNICATION TOWER
15	DEMOLITION
18	FENCE
19	FLAGPOLE—SATELLITE DISH
22	GARAGE DOOR REPLACEMENT
29	METAL AWNING & STORM SHUTTER
35	ORNAMENTAL IRON
48	SCREEN ENCLOSURES
51	SIGN (NON-ELECTRIC)
55	SWIMMING POOL
56	TENNIS COURTS (SURFACE PAVING)
82	WINDOWS (GF)—NEW
83	WINDOW INSTALLATION (GF) (S.F.)
84	WINDOW SCREEN (GF) (CURT WALL)
86	TRAILER TIE DOWN
88	WALK-IN COOLER
91	MARINAS
92	LOW SLOPE APPLICATIONS (GRAVEL, SMOOTH MODIFIED, SINGLE PLY)
95	SHINGLES (ASPHALT, FIBERGLASS)
96	SHINGLES (METAL ROOFS/WOOD SHINGLES & SHAKE)
97	STAGE 2 VAPOR RECOVERY SYSTEM
99	SOIL IMPROVEMENT
0100	BULK STORAGE PROPANE TANK
0101	REMOVABLE STORM PANELS
0102	TIE DOWN OF STORAGE CONTAINERS/MISCELLANEOUS ITEMS
0104	SINGLE ENTRANCE DOOR
0106	LIGHTWEIGHT CONCRETE
0107	TILE ROOF

ATTENTION

Please be advised that Roadway Impact Fee may be required for Building Permit categories "01" Commercial, "02" Residential, "18" Fence, "56" Tennis Courts and "86" Trailer Tie Down.

Please complete the following if your application is for one of the above mentioned categories.

Impact Fee, Fee Payer Name_____

Address_____Phone No._____

Social Security/Tax Identification No._____

Please be advised that any existing or proposed Development served or to be served with a septic tank requires approval from the Florida Department of Health.